Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
WESTERN DISTRICT OF MICHIGAN		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this are amended filing

B 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

About Debtor 2 (Spouse Only in a Joint Case):
Paul
First name
Lorance
Middle name
Salisbury
Last name and Suffix (Sr., Jr., II, III)
xxx-xx-9370
_

Case:15-06923-swd Doc #:1 Filed: 12/23/2015 Page 2 of 61

Heather Lynn Salisbury Debtor 1 **Paul Lorance Salisbury** Debtor 2 Case number (if known) About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have ■ I have not used any business name or EINs. ■ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 220 N. Maple St. Sturgis, MI 49091 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code St. Joseph County County If Debtor 2's mailing address is different from yours, fill it If your mailing address is different from the one above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this Over the last 180 days before filing this petition, I petition, I have lived in this district longer than have lived in this district longer than in any other in any other district. district.

☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

	ebtor 1 Heather Lynn Salisbury ebtor 2 Paul Lorance Salisbury				Case number (if known)				
Par	t 2: Tell the Court About	Your Bank	ruptcy Ca	ase					
7.	The chapter of the Bankruptcy Code you are			orief description of each, see N , go to the top of page 1 and ch		ed by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy opriate box.			
	choosing to file under	■ Chapter 7							
		☐ Chapter 11							
		☐ Chap	ter 12						
		☐ Chap	ter 13						
8.	How you will pay the fee	abo ord a p	out how your ler. If your re-printed	ou may pay. Typically, if you ar attorney is submitting your pay address.	e paying the f yment on you	e check with the clerk's office in your local court for more details fee yourself, you may pay with cash, cashier's check, or money ir behalf, your attorney may pay with a credit card or check with soption, sign and attach the Application for Individuals to Pay			
		The but	e Filing Fe equest that is not requit applies to	be in Installments (Official Form at my fee be waived (You may puired to, waive your fee, and no o your family size and you are	n 103A).	option only if you are filing for Chapter 7. By law, a judge may, y if your income is less than 150% of the official poverty line y the fee in installments). If you choose this option, you must fill ived (Official Form 103B) and file it with your petition.			
9.	Have you filed for bankruptcy within the last 8 years?	■ No.							
	lact o youro.	ப 103.	District		When	Case number			
			District		When	Case number			
			District		When	Case number			
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	■ No □ Yes.							
	affiliate?		Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known			
11.	Do you rent your residence?	□ No.		ine 12.					
		Yes.	nas yo		ıı juugment a	egainst you and do you want to stay in your residence?			
				No. Go to line 12. Yes. Fill out <i>Initial Statement</i> bankruptcy petition.	About an Evi	iction Judgment Against You (Form 101A) and file it with this			

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	otor 1 Heather Lynn Salistot 2 Paul Lorance Salis			Case number (if known)
Par	Report About Any Bu	sinesses	You Own as a Sole Propri	etor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.	
		☐ Yes.	Name and location of bu	siness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any	/
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, St	ate & ZIP Code
	it to this petition.		Check the appropriate b	ox to describe your business:
			☐ Health Care Bus	iness (as defined in 11 U.S.C. § 101(27A))
			☐ Single Asset Rea	al Estate (as defined in 11 U.S.C. § 101(51B))
			☐ Stockbroker (as)	defined in 11 U.S.C. § 101(53A))
			☐ Commodity Brok	er (as defined in 11 U.S.C. § 101(6))
			☐ None of the above	/e
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business If you are filing under Chapter 11, the court must know whether you are a small business deadlines. If you indicate that you are a small business debtor, you must attach your most operations, cash-flow statement, and federal income tax return or if any of these document in 11 U.S.C. 1116(1)(B).		e a small business debtor, you must attach your most recent balance sheet, statement of		
	debtor? For a definition of small	■ No.	I am not filing under Cha	apter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapte Code.	r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am filing under Chapte	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	/ Hazardous Property or A	ny Property That Needs Immediate Attention
14.	Do you own or have any	■ No.		
	property that poses or is	☐ Yes.		
	of imminent and identifiable hazard to	□ res.	What is the hazard?	
	public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	
	-			Number, Street, City, State & Zip Code

Case:15-06923-swd Doc #:1 Filed: 12/23/2015 Page 5 of 61 Debtor 1 **Heather Lynn Salisbury** Debtor 2 Paul Lorance Salisbury Case number (if known) Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 15. Tell the court whether You must check one: You must check one: you have received a I received a briefing from an approved credit I received a briefing from an approved credit briefing about credit counseling agency within the 180 days before I counseling agency within the 180 days before I filed counseling. filed this bankruptcy petition, and I received a this bankruptcy petition, and I received a certificate of certificate of completion. completion. The law requires that you receive a briefing about Attach a copy of the certificate and the payment Attach a copy of the certificate and the payment plan, if plan, if any, that you developed with the agency. any, that you developed with the agency. credit counseling before you file for bankruptcy. I received a briefing from an approved credit ☐ I received a briefing from an approved credit You must truthfully check one of the following counseling agency within the 180 days before I counseling agency within the 180 days before I filed filed this bankruptcy petition, but I do not have this bankruptcy petition, but I do not have a choices. If you cannot do a certificate of completion. certificate of completion. so, you are not eligible to Within 14 days after you file this bankruptcy Within 14 days after you file this bankruptcy petition, you petition, you MUST file a copy of the certificate and MUST file a copy of the certificate and payment plan, if If you file anyway, the court payment plan, if any. can dismiss your case, you will lose whatever filing fee I certify that I asked for credit counseling I certify that I asked for credit counseling services you paid, and your services from an approved agency, but was from an approved agency, but was unable to obtain creditors can begin those services during the 7 days after I made my unable to obtain those services during the 7 collection activities again. days after I made my request, and exigent request, and exigent circumstances merit a 30-day circumstances merit a 30-day temporary waiver temporary waiver of the requirement. of the requirement. To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining to obtain the briefing, why you were unable to obtain it what efforts you made to obtain the briefing, why before you filed for bankruptcy, and what exigent you were unable to obtain it before you filed for circumstances required you to file this case. bankruptcy, and what exigent circumstances Your case may be dismissed if the court is dissatisfied required you to file this case. with your reasons for not receiving a briefing before you Your case may be dismissed if the court is filed for bankruptcy. dissatisfied with your reasons for not receiving a If the court is satisfied with your reasons, you must still briefing before you filed for bankruptcy. receive a briefing within 30 days after you file. You must If the court is satisfied with your reasons, you must file a certificate from the approved agency, along with a still receive a briefing within 30 days after you file. copy of the payment plan you developed, if any. If you do You must file a certificate from the approved not do so, your case may be dismissed. agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case Any extension of the 30-day deadline is granted only for may be dismissed. cause and is limited to a maximum of 15 days. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about I am not required to receive a briefing about credit credit counseling because of: counseling because of: I have a mental illness or a Incapacity. Incapacity. I have a mental illness or a mental mental deficiency that makes deficiency that makes me incapable me incapable of realizing or of realizing or making rational making rational decisions decisions about finances. about finances. My physical disability causes me to My physical disability causes Disability. Disability. П me to be unable to participate be unable to participate in a briefing in a briefing in person, by in person, by phone, or through the phone, or through the internet, even after I reasonably tried internet, even after I to do so. reasonably tried to do so.

П

court.

Active duty.

I am currently on active

military duty in a military

combat zone.

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the

Active duty.

of credit counseling with the court.

I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing

about credit counseling, you must file a motion for waiver

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	otor 1 otor 2	Heather Lynn Sali Paul Lorance Sali			Case n	number (if known)		
Par	t 6:	Answer These Questi	ons for Re	porting Purposes				
16.	What kind of debts do you have?			Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by a individual primarily for a personal, family, or household purpose."				
				☐ No. Go to line 16b.				
				Yes. Go to line 17.				
				Are your debts primarily busine money for a business or investme				
				☐ No. Go to line 16c.				
				☐ Yes. Go to line 17.				
			16c.	State the type of debts you owe the	nat are not consumer debts or b	ousiness debts		
17.		you filing under oter 7?	□ No.	am not filing under Chapter 7. G	o to line 18.			
	after	ou estimate that any exempt erty is excluded and		am filing under Chapter 7. Do yo expenses are paid that funds will		pt property is excluded and administrative ecured creditors?	;	
		inistrative expenses oaid that funds will		■ No				
	be a distr	vailable for ibution to unsecured itors?		□ Yes				
18.	How many Creditors do	1 -49		1 ,000-5,000	25,001-50,000			
		you estimate that you owe?	□ 50-99		☐ 5001-10,000	☐ 50,001-100,000		
			☐ 100-199 ☐ 200-999		□ 10,001-25,000	☐ More than100,000		
19.		How much do you	\$0 - \$5	0.000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion		
		nate your assets to vorth?	□ \$50,00°	1 - \$100,000	□ \$10,000,001 - \$50 million			
				01 - \$500,000 01 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 millio		lion	
20.		much do you	\$0 - \$5	0.000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion		
	estir to be	nate your liabilities e?	\$50,00	1 - \$100,000	□ \$10,000,001 - \$50 million			
				01 - \$500,000 01 - \$1 million	□ \$50,000,001 - \$100 million □ \$100.000.001 - \$500 millio		llion	
			— \$500,00) - \$1 million				
Par	t 7:	Sign Below						
For	you		I have exa	mined this petition, and I declare	under penalty of perjury that the	e information provided is true and correct.		
			If I have ch United Sta	nosen to file under Chapter 7, I an tes Code. I understand the relief a	n aware that I may proceed, if e available under each chapter, a	eligible, under Chapter 7, 11,12, or 13 of t and I choose to proceed under Chapter 7.	itle 11,	
				ey represents me and I did not pa I have obtained and read the not		no is not an attorney to help me fill out this 2(b).	;	
			I request r	elief in accordance with the chapt	er of title 11, United States Cod	de, specified in this petition.		
				case can result in fines up to \$2		noney or property by fraud in connection w to 20 years, or both. 18 U.S.C. §§ 152, 1		
			/s/ Heath	er Lynn Salisbury		rance Salisbury		
				Lynn Salisbury of Debtor 1	Paul Loran Signature of I	nce Salisbury Debtor 2		
			Executed	December 23, 2015 MM / DD / YYYY	Executed on	December 23, 2015 MM / DD / YYYY		

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Debtor 1 Heather Lynn Sal Paul Lorance Sal	•	Cas	e number (if known)
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need	under Chapter 7, 11, 12, or 13 of title 11, Unifor which the person is eligible. I also certify	ted States Code, and have enthat I have delivered to the orall applies, certify that I have r	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § no knowledge after an inquiry that the information
to file this page.	/s/ Jeffrey D. Mapes	Date	December 23, 2015
	Signature of Attorney for Debtor		MM / DD / YYYY
	Jeffrey D. Mapes		
	Printed name		
	Jeffrey D. Mapes PLC Firm name		
	29 Pearl St. NW, Ste. 305 Grand Rapids, MI 49503		
	Number, Street, City, State & ZIP Code		
	Contact phone (616) 719-3847	Email address	info@mapesdebt.com
	Bar number & State		<u> </u>

Certificate Number: 00134-MIW-CC-026304076



CERTIFICATE OF COUNSELING

I CERTIFY that on October 2, 2015, at 3:48 o'clock PM EDT, Heather L. Salisbury received from Cricket Debt Counseling, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Western District of Michigan, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: October 2, 2015 By: /s/Jeremy Phillips

Name: Jeremy Phillips

Title: Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 00134-MIW-CC-026304138



CERTIFICATE OF COUNSELING

I CERTIFY that on October 2, 2015, at 3:56 o'clock PM EDT, Paul L. Salisbury received from Cricket Debt Counseling, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Western District of Michigan, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: October 2, 2015 By: /s/Jeremy Phillips

Name: Jeremy Phillips

Title: Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

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Fill	I in this information to identify your case:			
	ebtor 1 Heather Lynn Salisbury			
	First Name Middle Name	Last Name		
	ebtor 2 Paul Lorance Salisbury First Name Middle Name	Last Name		
	, 3 ,			
Uni	ited States Bankruptcy Court for the: WESTERN DIST	RICT OF MICHIGAN		
	ase number			
(if kn	(nown)		Check if this	
			amended filin	ig
	fficial Form 106Sum			
	•	es and Certain Statistical Information	12/15	
		people are filing together, both are equally responsible for plete the information on this form. If you are filing ameno		
you	ır original forms, you must fill out a new <i>Summary</i> an	d check the box at the top of this page.		,
Par	rt 1: Summarize Your Assets			
			Varia acceta	
			Your assets Value of what	you own
1.	Schedule A/B: Property (Official Form 106A/B)			
١.	1a. Copy line 55, Total real estate, from Schedule A/B.		\$	0.00
	1b. Copy line 62. Total personal property, from Schedu	le A/B	\$	18,322.08
				-
	1c. Copy line 63, Total of all property on Schedule A/B.		\$	18,322.08
Par	rt 2: Summarize Your Liabilities			
			Your liabilities	c
			Amount you or	
2.	Schedule D: Creditors Who Have Claims Secured by F	Property (Official Form 106D)		
		aim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims	(Official Form 106E/F)		0.00
	3a. Copy the total claims from Part 1 (priority unsecure	ed claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unse	cured claims) from line 6j of Schedule E/F	\$	33,706.93
		Your total liabilities	\$ 33	3,706.93
Par	rt 3: Summarize Your Income and Expenses			
1	Schedule I: Your Income (Official Form 106I)			
4.	(/	chedule I	\$	3,302.65
5.	Schedule J: Your Expenses (Official Form 106J)			
0.	Copy your monthly expenses from line 22c of Schedule	e J	\$	3,401.00
Par	rt 4: Answer These Questions for Administrative an	d Statistical Records		
6	Are you filing for henkruptoy under Chenters 7, 11	or 122		
6.	Are you filing for bankruptcy under Chapters 7, 11, ☐ No. You have nothing to report on this part of the	form. Check this box and submit this form to the court with yo	ur other schedule	S.
	■ Yes			
7.	What kind of debt do you have?			
	Your debts are primarily consumer debts. Con household purpose." 11 U.S.C. § 101(8). Fill out li	sumer debts are those "incurred by an individual primarily for nes 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal, family	, or
	Your debts are not primarily consumer debts. the court with your other schedules.	You have nothing to report on this part of the form. Check this	s box and submit t	this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 2	Paul Lorance Salisbury	Case number (if known)		
	n the Statement of Your Current Monthly Income: Co 1-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1		ficial Form	\$ 3,643.60

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 Heather Lynn Salisbury

	Tota	al claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	9,184.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	9,184.00

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	0030.13 0032	5 3wa 50c //.1 1 lled. 12/25/2015	1 age 12 01 01	
Fill in this infor	mation to identify your case a	and this filing:		
Debtor 1	Heather Lynn Salisbur	v		
	First Name	Middle Name Last Name		
Debtor 2 (Spouse, if filing)	Paul Lorance Salisbur	y Middle Name Last Name		
United States Ba	ankruptcy Court for the:	TERN DISTRICT OF MICHIGAN		
Case number _				☐ Check if this is an
				amended filing
O((; : 1 E	4004/5			
_	<u>rm 106A/B</u>			
Schedul	e A/B: Property	y		12/15
it fits best. Be as c	omplete and accurate as possible	List an asset only once. If an asset fits in more than one e. If two married people are filing together, both are equal s form. On the top of any additional pages, write your name to the top of any additional pages, which we have the top of any additional pages, which we have the top of any additional pages.	lly responsible for supplying	correct information. If
Part 1: Describe	Each Residence, Building, Land,	or Other Real Estate You Own or Have an Interest In		
1. Do you own or h	nave any legal or equitable interes	st in any residence, building, land, or similar property?		
_		3,		
No. Go to Par				
☐ Yes. Where is	s tne property?			
Part 2: Describe	Your Vehicles			
cab, sho Mileage: KBB Vali	nation: evy Silverado 1500 Ext. rt bed 150000 Poor Condition	Who has an interest in the property? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? \$2,500.00	ed claims on Schedule D:
Acquisiti	ion Date: 6/29/2006	(see instructions)		
Examples: Boa ■ No □ Yes 5 Add the dolla pages you ha	ar value of the portion you ov	nd other recreational vehicles, other vehicles, and atercraft, fishing vessels, snowmobiles, motorcycle a very for all of your entries from Part 2, including and that number here	accessories by entries for	\$2,500.00
		nterest in any of the following items?		Current value of the
				portion you own? Do not deduct secured claims or exemptions

Official Form 106A/B Schedule A/B: Property page 1

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	ebtor 1 ebtor 2	Heather Lyn Paul Loranc		own)
6.		nold goods and t les: Major appliar	furnishings nces, furniture, linens, china, kitchenware	
		Describe	Household goods and furniture, no one item worth more than \$550	\$1,700.00
7.	■ No	les: Televisions a	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; mu phones, cameras, media players, games	ısic collections; electronic devices
8.			figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, ons, memorabilia, collectibles	coin, or baseball card collections;
	Yes.	Describe	Family photos, knick knacks, misc. items.	\$100.00
9.	Example No	musical instr	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; car	ioes and kayaks; carpentry tools;
	■ Yes.	Describe	Digital point-and-shoot camera, mini-DVD camcorder	\$150.00
			Fishing poles and tackle box	\$100.00
	■ No □ Yes. Clothe Examp	ples: Pistols, rifle Describe	s, shotguns, ammunition, and related equipment othes, furs, leather coats, designer wear, shoes, accessories	\$500.00
_			Used clothing and accessories	
12	☐ No		welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, ger Rings, wedding bands, watches, costume jewelry.	ms, gold, silver
13	Exam _i ■ No	arm animals ples: Dogs, cats, Describe	birds, horses	
14	■ No	ther personal an	d household items you did not already list, including any health aids you did not li	st
1			of all of your entries from Part 3, including any entries for pages you have attached number here	\$2,800.00

Official Form 106A/B Schedule A/B: Property page 2

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	tor 1 tor 2	Heather Lynn Salisbury Paul Lorance Salisbury	Case number (if known)	
Part	4: De:	scribe Your Financial Assets		
Do	you ow	n or have any legal or equitable interest in any	of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
_] No		in a safe deposit box, and on hand when you file your petition	
	■ Yes		Pocket/spendi ng money	\$4.00
_	Examp	its of money bles: Checking, savings, or other financial accounts institutions. If you have multiple accounts with	s; certificates of deposit; shares in credit unions, brokerage hou the same institution, list each.	ises, and other similar
_	I No I Yes		Institution name:	
		17.1.	First Merit Checking X 8576	\$618.29
		17.2.	H&R Block prepaid debit card	\$103.78
		17.3.	Omni Community Credit Savings Account X8646-00	\$5.00
		17.4.	Omni Credit Union Checking X8646-30	\$0.00
		17.5.	US Bank Prepaid debit card. Debtor wife is supposed to receive child support on this card.	\$140.01
19.	Example No Non-pu and jo Yes No Non-pu and jo No Yes	int venture Give specific information about them Name of entity: nment and corporate bonds and other negotiab	e: ed and unincorporated businesses, including an interest ir % of ownership: le and non-negotiable instruments	an LLC, partnership,
	Non-ne ■ No	able instruments include personal checks, cashiers egotiable instruments are those you cannot transfe Give specific information about them Issuer name:		
_		nent or pension accounts oles: Interests in IRA, ERISA, Keogh, 401(k), 403(b	o), thrift savings accounts, or other pension or profit-sharing pla	ns
_	_	List each account separately. Type of account:	Institution name: 401k plan, not property of the estate, Patterson v. Schumate.	\$6,000.00

Official Form 106A/B Schedule A/B: Property page 3

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Debtor 1 Debtor 2	Heather Lynn Salisbury Paul Lorance Salisbury	c	Case number (if known)	
Your s		nave made so that you may continue service or use fro prepaid rent, public utilities (electric, gas, water), telect		others
		Institution name or individual:		
		Deposit held by City of Sturg service	is for electrical	\$100.00
		Security deposit held by land	llord	\$650.00
23. Annuit ■ No	ties (A contract for a periodic pay	ment of money to you, either for life or for a number of	years)	
☐ Yes.	lssuer name and c	description.		
26 U.S.	ts in an education IRA, in an ac .C. §§ 530(b)(1), 529A(b), and 529	count in a qualified ABLE program, or under a qua	ilified state tuition program.	
■ No □ Yes.	Institution name ar	nd description. Separately file the records of any intere	ests.11 U.S.C. § 521(c):	
■ No	e, equitable or future interests in	n property (other than anything listed in line 1), and	l rights or powers exercisabl	e for your benefit
Exam _l ■ No		e secrets, and other intellectual property sites, proceeds from royalties and licensing agreementhem	nts	
Exam _l ■ No		censes, cooperative association holdings, liquor licens	ses, professional licenses	
⊔ Yes.	Give specific information about t	nem		
Money or	property owed to you?		po Do	rrent value of the rtion you own? not deduct secured ims or exemptions.
□ No	funds owed to you			
■ Yes.	Give specific information about the	nem, including whether you already filed the returns an	id the tax years	
		2014 Tax Refund. Debtors expect to owe for 2014.		\$0.00
		11/12 Anticipated 2015 Tax Refund (s).		\$200.00
□ No	• •	ny, spousal support, child support, maintenance, divor	ce settlement, property settlem	nent
		Debtor wife's right to receive child support in the amount of \$200 each month. Payments are sporadic and current arrears are about \$4000.		\$4,000.00

Official Form 106A/B Schedule A/B: Property page 4

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Debto	r 1 Heather Lynn Salis r 2 Paul Lorance Salis		Case number (if known)	
	benefits; unpaid loa		ts, sick pay, vacation pay, workers' compe	nsation, Social Security
	Yes. Give specific information	n		
			SA); credit, homeowner's, or renter's insurar	nce
• \		npany of each policy and list its value. ompany name:	Beneficiary:	Surrender or refund
	eı	ife insurance through debtor wife's mployer. Term policy, no cash urrender value.		value: \$1.00
lf ; sc ■ 1	you are the beneficiary of a li omeone has died.		rrance policy, or are currently entitled to reco	eive property because
<i>E</i> : ■ 1	xamples: Accidents, employn	whether or not you have filed a lawsuit on the nent disputes, insurance claims, or rights to the state of the		
I	=		counterclaims of the debtor and rights to	set off claims
35. A n	y financial assets you did i	not already list		
■ r	No Yes. Give specific informatio	n		
		f your entries from Part 4, including any r here		\$11,822.08
Part 5:	Describe Any Business-Relat	ed Property You Own or Have an Interest In. L	ist any real estate in Part 1.	
	you own or have any legal or ed	quitable interest in any business-related prope	rty?	
Y	es. Go to line 38.			
				Current value of the portion you own? Do not deduct secured claims or exemptions.
38. Ac		nissions you already earned		
1 🗆	Yes. Describe			
	res. Describe			

Official Form 106A/B Schedule A/B: Property page 5

☐ Yes. Describe.....

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Debtor Debtor	•		Case number (if known)	
40. Ma	chinery, fixtures, eq	quipment, supplies you use in business	s, and tools of your trade	
	No			
	es. Describe			
41. Inv				
■ N				
Пλ	es. Describe			
	erests in partnership	ps or joint ventures		
		anno ation, also set the ann		
ЦΥ	es. Give specific info	ormation about them Name of entity:	% of ownership:	
43. Cu	stomer lists, mailing	g lists, or other compilations		
■ No	О.			
	o your lists include pers	sonally identifiable information (as defined in	11 U.S.C. § 101(41A))?	
	■ No			
	☐ Yes. Describe)		
44. A n	y business-related p	property you did not already list		
I				
	es. Give specific info	rmation		
		of all of your entries from Part 5, include number here	ding any entries for pages you have attached	\$1,200.00
Part 6:		and Commercial Fishing-Related Property Yo nterest in farmland, list it in Part 1.	u Own or Have an Interest In.	
	you own or have an	ny legal or equitable interest in any fari	m- or commercial fishing-related property?	
	Yes. Go to line 47.			
				Current value of the portion you own? Do not deduct secured claims or exemptions.
Part 7:	Describe All Property	You Own or Have an Interest in That You Did	d Not List Above	
		perty of any kind you did not already li		
	camples: Season ticke	ets, country club membership		
	es. Give specific info	rmation		
54. A	dd the dollar value o	of all of your entries from Part 7. Write	that number here	\$0.00
Part 8:	List the Totals of Eacl	h Part of this Form		
55. P	art 1: Total real esta	ite, line 2		\$0.00
	art 2: Total vehicles	•	\$2,500.00	
	art 3: Total personal art 4: Total financial	I and household items, line 15 I assets, line 36	\$2,800.00 \$11,822.08	

Official Form 106A/B Schedule A/B: Property page 6

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	otor 1 Heather Lynn Salisbury Paul Lorance Salisbury			Case number (if known)	
59.	Part 5: Total business-related property, line 45		\$1,200.00		
60.	Part 6: Total farm- and fishing-related property, line 52		\$0.00		
61.	Part 7: Total other property not listed, line 54	+	\$0.00		
62.	Total personal property. Add lines 56 through 61	_	\$18,322.08	Copy personal property tot	al \$18,322.08
63.	Total of all property on Schedule A/B. Add line 55 + line 62	<u>}</u>			\$18,322.08

Official Form 106A/B Schedule A/B: Property page 7

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	For any property you list on Schedul Brief description of the property and line of Schedule A/B that lists this property Sebtor 1 Exemptions 2002 Chevy Silverado 1500 Ext. of short bed Mileage: 150000 Poor Condition KBB Value Acquisition Date: 6/29/2006 Line from Schedule A/B: 3.1 Household goods and furniture, one item worth more than \$550 Line from Schedule A/B: 6.1	Current value of the portion you own Copy the value from Schedule A/B Cab, \$2,500.00	Amount of the Check only of 100% of any ap		11 U.S.C	ws that allow exemption 5. § 522(d)(2) § 522(d)(3)
	For any property you list on Schedul Brief description of the property and line of Schedule A/B that lists this property Sebtor 1 Exemptions 2002 Chevy Silverado 1500 Ext. of Short bed Mileage: 150000 Poor Condition KBB Value Acquisition Date: 6/29/2006 Line from Schedule A/B: 3.1 Household goods and furniture,	Current value of the portion you own Copy the value from Schedule A/B Cab, \$2,500.00	Amount of the	te information below. te exemption you claim the box for each exemption. \$1,250.00 of fair market value, up to plicable statutory limit	11 U.S.C	:. § 522(d)(2)
	For any property you list on Schedul Brief description of the property and line of Schedule A/B that lists this property Sebtor 1 Exemptions 2002 Chevy Silverado 1500 Ext. of Short bed Mileage: 150000 Poor Condition KBB Value Acquisition Date: 6/29/2006	Current value of the portion you own Copy the value from Schedule A/B	Amount of the	te information below. the exemption you claim the box for each exemption. \$1,250.00 of fair market value, up to	·	
	For any property you list on Schedul Brief description of the property and line o Schedule A/B that lists this property Ebtor 1 Exemptions 2002 Chevy Silverado 1500 Ext. of	Current value of the portion you own Copy the value from Schedule A/B	Amount of th	e information below. e exemption you claim ne box for each exemption.	·	
	For any property you list on Schedul Brief description of the property and line o Schedule A/B that lists this property	n Current value of the portion you own Copy the value from	Amount of th	e information below. e exemption you claim	Specific la	ws that allow exemption
2.	For any property you list on Schedul Brief description of the property and line o	n Current value of the portion you own Copy the value from	Amount of th	e information below. e exemption you claim	Specific la	ws that allow exemption
2.	For any property you list on Schedul Brief description of the property and line o	e A/B that you claim as ex	• *	e information below.	Specific la	ws that allow exemption
2.	·		empt, fill in th			
	You are claiming federal exemptions	s. 11 U.S.C. § 522(b)(2)		22(b)(3)		
	-			22(b)(3)		
	☐ You are claiming state and federal n		, ,	· ,		
	Which set of exemptions are you claim	•	en if your spou	se is filing with you.		
any fun exe to	y applicable statutory limit. Some exently applicable statutory limit. Some exently applicable unlimited in dollar amount at the applicable statutory amount. Identify the Property You Clain	nptions—such as those fo it. However, if you claim a and the value of the prope	r health aids, n exemption o	rights to receive certain l of 100% of fair market val	penefits, an ue under a	nd tax-exempt retirement law that limits the
	r each item of property you claim as exectific dollar amount as exempt. Alterna					
nee	eproperty you listed on <i>Scriedule AVB: Pro</i> eded, fill out and attach to this page as m d case number (if known).					
	as complete and accurate as possible. If property you listed on Schedule A/B: Pro					
S	chedule C: The Pro	perty You Cla	aim as	Exempt		12/15
O	fficial Form 106C					aoridod illing
	ase number known)					Check if this is an amended filing
Ur	nited States Bankruptcy Court for the:	WESTERN DISTRICT OF N	MICHIGAN			
	pouse if, filing) First Name	Middle Name	Last Name			
(Sp	First Name ebtor 2 Paul Lorance Salis	Middle Name bury	Last Name			
			15.75			
De	ebtor 1 Heather Lynn Salis					
De	Il in this information to identify your ca ebtor 1 Heather Lvnn Salis					

items.

Line from Schedule A/B: 8.1

Line from Schedule A/B: 9.2

Fishing poles and tackle box

\$100.00

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

\$50.00

11 USC § 522(d)(5)

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Debtor 1 Debtor 2 Paul Lorance Salis			Case number (if known)	
Digital point-and-shoot	camera,	\$150.00	\$75.00	11 USC § 522(d)(5)
mini-DVD camcorder Line from Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit	
Used clothing and access Line from Schedule A/B: 11.1		\$500.00	\$250.00	11 USC § 522(d)(3)
			100% of fair market value, up to any applicable statutory limit	
Rings, wedding bands, v costume jewelry.	vatches,	\$250.00	\$125.00	11 USC § 522(d)(4)
Line from Schedule A/B: 12.1	1		100% of fair market value, up to any applicable statutory limit	
Pocket/spending money Line from Schedule A/B: 16.1		\$4.00	\$2.00	11 U.S.C. § 522(d)(5)
			100% of fair market value, up to any applicable statutory limit	
Omni Community Credit Account X8646-00	Savings	\$5.00	\$2.50	11 USC § 522(d)(5)
Line from Schedule A/B: 17.3	3		100% of fair market value, up to any applicable statutory limit	
US Bank Prepaid debit c wife is supposed to rece		\$140.01	\$140.01	11 U.S.C. § 522(d)(10)(D)
support on this card. Line from Schedule A/B: 17.5			100% of fair market value, up to any applicable statutory limit	
First Merit Checking X 85 Line from Schedule A/B: 17.1		\$618.29	\$31.50	11 U.S.C. § 522(d)(5)
Zino nom concado 702.			100% of fair market value, up to any applicable statutory limit	
Security deposit held by Line from Schedule A/B: 22.2		\$650.00	\$325.00	11 USC § 522(d)(5)
Elile Holli Golledale 772.			100% of fair market value, up to any applicable statutory limit	
Deposit held by City of S	Sturgis for	\$100.00	\$50.00	11 USC § 522(d)(5)
Line from Schedule A/B: 22.1	I		100% of fair market value, up to any applicable statutory limit	
11/12 Anticipated 2015 T (s).	ax Refund	\$200.00	\$100.00	11 USC § 522(d)(5)
Line from Schedule A/B: 28.2	2		100% of fair market value, up to any applicable statutory limit	
Life insurance through o		\$1.00	100%	11 USC § 522(d)(7)
surrender value. Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	

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Debtor 1 Debtor 2 Paul Lorance Salisbury			Case number (if known)	
Debtor 2 Exemptions 2002 Chevy Silverado 1500 Ext. cab, short bed	\$2,500.00	•	\$1,250.00	11 U.S.C. § 522(d)(2)
Mileage: 150000 Poor Condition KBB Value Acquisition Date: 6/29/2006 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
Household goods and furniture, no one item worth more than \$550	\$1,700.00		\$850.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Family photos, knick knacks, misc. items.	\$100.00		\$50.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: 8.1			100% of fair market value, up to any applicable statutory limit	
Fishing poles and tackle box Line from Schedule A/B: 9.2	\$100.00		\$50.00	11 U.S.C. § 522(d)(5)
			100% of fair market value, up to any applicable statutory limit	
Digital point-and-shoot camera,	\$150.00		\$75.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit	
Used clothing and accessories Line from Schedule A/B: 11.1	\$500.00		\$250.00	11 U.S.C. § 522(d)(3)
Zine nom concedure /v.z. 1111			100% of fair market value, up to any applicable statutory limit	
Rings, wedding bands, watches, costume jewelry.	\$250.00		\$125.00	11 U.S.C. § 522(d)(4)
Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	
Pocket/spending money Line from Schedule A/B: 16.1	\$4.00		\$2.00	11 U.S.C. § 522(d)(5)
			100% of fair market value, up to any applicable statutory limit	
Omni Community Credit Savings Account X8646-00	\$5.00		\$2.50	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 17.3			100% of fair market value, up to any applicable statutory limit	
H&R Block prepaid debit card Line from Schedule A/B: 17.2	\$103.78		\$103.78	11 U.S.C. § 522(d)(5)
			100% of fair market value, up to any applicable statutory limit	
First Merit Checking X 8576 Line from Schedule A/B: 17.1	\$618.29		\$31.50	11 U.S.C. § 522(d)(5)
			100% of fair market value, up to any applicable statutory limit	
401k plan, not property of the estate, Patterson v. Schumate.	\$6,000.00		\$6,000.00	11 USC § 522(d)(12)
Line from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	

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Debtor Debtor				Case number (if known)	
	ecurity deposit held by landlord ne from Schedule A/B: 22.2	\$650.00		\$325.00	11 U.S.C. § 522(d)(5)
LII	le Holli Schedule A.B. ZZ.Z			100% of fair market value, up to any applicable statutory limit	
	eposit held by City of Sturgis for ectrical service	\$100.00		\$50.00	11 U.S.C. § 522(d)(5)
	ne from Schedule A/B; 22.1			100% of fair market value, up to any applicable statutory limit	
11 (s	//12 Anticipated 2015 Tax Refund	\$200.00		\$100.00	11 U.S.C. § 522(d)(5)
•	ne from Schedule A/B; 28.2			100% of fair market value, up to any applicable statutory limit	
	ebtor wife's right to receive child upport in the amount of \$200 each	\$4,000.00		\$4,000.00	11 USC § 522(d)(10)(D)
m CL	onth. Payments are sporadic and urrent arrears are about \$4000. ne from Schedule A/B: 29.1			100% of fair market value, up to any applicable statutory limit	
	ebtor Wife's Accrued Wages. ne from Schedule A/B: 38.1 —	\$1,200.00		\$1,200.00	11 U.S.C. § 522(d)(5)
LII	le Holli Schedule A/B. 30.1			100% of fair market value, up to any applicable statutory limit	
	e you claiming a homestead exemption of ubject to adjustment on 4/01/16 and every 3 y No Yes. Did you acquire the property covered No Yes	ears after that for ca	ases f	·	,

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Fill in this infor	mation to identify your	case:			
Debtor 1	Heather Lynn Sal	isbury			
	First Name	Middle Name	Last Name		
Debtor 2	Paul Lorance Sali	isbury			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (OF MICHIGAN		
Case number _				☐ Check if	this is a
				amended	d filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

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Fill in th	is information to identify your case:				
Debtor 1	Heather Lynn Salisbury				
	First Name N	fiddle Name Last Name			
Debtor 2 (Spouse if, t		Middle Name Last Name			
	3,				
United S	tates Bankruptcy Court for the: WES	TERN DISTRICT OF MICHIGAN			
Case nur	mber				
(if known)					
				amended iiii	ig
Officia	al Form 106E/F				
Sched	dule E/F: Creditors Who	Have Unsecured Cla	nims		12/15
Schedule (D: Credito	G: Executory Contracts and Unexpired Leas rs Who Have Claims Secured by Property. If uation Page to this page. If you have no info	es (Official Form 106G). Do not include more space is needed, copy the Part y rmation to report in a Part, do not file th	any creditors with partially secured on need, fill it out, number the entries	claims that are listed in the boxes on the	in Schedule left. Attach
1. Do	any creditors have priority unsecured clair	ns against you?			
	No. Go to Part 2.				
Part 2:	Yes. ■ List All of Your NONPRIORITY Unse	Last Name Last Name Last Name Last Name Last Name Last Name Court for the: WESTERN DISTRICT OF MICHIGAN			
	No. You have nothing to report in this part. Su	bmit this form to the court with your other	schedules.		
	Yes.				
	. 163.				
un tha	secured claim, list the creditor separately for ean one creditor holds a particular claim, list the	ach claim. For each claim listed, identify w	hat type of claim it is. Do not list claims	already included in Pa	art 1. If more
Pa	art 2.			Total claim	า
4.1	367YA10D Recovery Company	Last 4 digits of account number	8890	\$	464.00
	Priority Creditor's Name PO Box 57547		Reported 2/2014.	·	
	Jacksonville, FL 32241 Number Street City State Zlp Code	As of the data you file the claim is	Chook all that apply		
	,	As of the date you file, the claim is	. Спеск ан тат арру		
_	Who incurred the debt? Check one.	☐ Contingent			
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Unliquidated			
_	_ Bester 2 day				
	Debtor 1 and Debtor 2 only	•	alaine.		
	At least one of the debtors and another	<u></u>	ciaim:		
	☐ Check if this claim is for a community lebt	☐ Student loans			
ls	s the claim subject to offset?		ation agreement or divorce that you did		
ı	No	☐ Debts to pension or profit-sharing	plans, and other similar debts		
[Yes	Other. Specify Cable	Account.		
4.2	Access Medical	Last 4 digits of account number	1240	\$	117.00
F	Priority Creditor's Name PO Box 50986	-	11/2014 Date of Service.	·	
	Kalamazoo, MI 49005 Number Street City State Zlp Code	As of the date you file, the claim is	: Check all that apply		

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	1 Heather Lynn Salisbury 2 Paul Lorance Salisbury		Case number (if know)	
	Who incurred the debt? Check one.	☐ Contingent		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	☐ Obligations arising out of a sepa not report as priority claims	ration agreement or divorce that you did	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify Medic	al Account.	
4.3	Afni	Last 4 digits of account number	2602	\$ 495.00
	Priority Creditor's Name	- William	Oloode Nation Data	
	PO Box 3427 Bloomington, IL 61702	When was the debt incurred?	2/2015 Notice Date.	
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent		
	☐ Debtor 1 only			
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt			
	Is the claim subject to offset?			
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Cable	Account.	
4.4	Borgess Health	Last 4 digits of account number	0005	\$ 91.00
	Priority Creditor's Name	_		
	1521 Gull Road Kalamazoo, MI 49048	When was the debt incurred?	11/2014 Dates of Service.	
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent		
	Debtor 1 only	☐ Unliquidated		
	Debtor 2 only			
	Debtor 1 and Debtor 2 only	Disputed	l eleim.	
	At least one of the debtors and another	Type of NONPRIORITY unsecured	i ciaim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	Obligations arising out of a sepa not report as priority claims	ration agreement or divorce that you did	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify Medic	al Account.	
4.5	City of Sturgis	Last 4 digits of account number	8006	\$ 127.00
	Priority Creditor's Name 130 Nottawa Street	When was the debt incurred?	2/2015.	
	Sturgis, MI 49091 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	

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	r 1 Heather Lynn Salisbury r 2 Paul Lorance Salisbury		Case number (if know)					
	Who incurred the debt? Check one.	☐ Contingent						
	☐ Debtor 1 only	<u> </u>						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt							
	Is the claim subject to offset?	☐ Obligations arising out of a sepanot report as priority claims	ration agreement or divorce that you did					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	Yes	Other. Specify Utility	Account.					
4.6	Credit One Bank	Last 4 digits of account number	6685	\$	328.00			
	Priority Creditor's Name PO Box 98872	When was the debt incurred?	Opened 11/2014.					
	Las Vegas, NV 89193 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply					
	Who incurred the debt? Check one.							
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	■ Debtor 1 and Debtor 2 only	☐ Disputed						
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
		his claim is for a community						
	debt							
	Is the claim subject to offset?	Obligations arising out of a sepanot report as priority claims	ration agreement or divorce that you did					
	■ No	Debts to pension or profit-sharing						
	Yes	Other. Specify Credit	Card; Revolving.					
4.7	EPMG of Michigan P.C.	Last 4 digits of account number	8582	\$	258.46			
	Priority Creditor's Name PO Box 96115	When was the debt incurred?	9/2014 Date of Service.					
	Oklahoma City, OK 73143	THIS HAS THE GOST HISTORY	3/2014 Bate of Get vice.					
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply					
	Who incurred the debt? Check one.	☐ Contingent						
	☐ Debtor 1 only							
	☐ Debtor 2 only	☐ Unliquidated						
	■ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community debt	☐ Student loans						
	Is the claim subject to offset?	☐ Obligations arising out of a sepa	ration agreement or divorce that you did					
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts					
	☐ Yes	Other. Specify Medic	al Account.					
4.8	Fedloan Servicing Credit	Last 4 digits of account number	ious	\$	9,184.00			
	Priority Creditor's Name PO Box 60610 Harrisburg, PA 17106	When was the debt incurred?	Opened 9/2010.					

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	Heather Lynn Salisbury Paul Lorance Salisbury		Case number (if know)		
1	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
١	Who incurred the debt? Check one.	☐ Contingent			
I	Debtor 1 only				
ı	Debtor 2 only	☐ Unliquidated			
ı	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
I	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa	aration agreement or divorce that you did		
ı	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
ı	☐ Yes	Other. Specify			
		Stude	_		
	Frontier Communications	Last 4 digits of account number	1022	\$	220.00
•	Priority Creditor's Name 19 John Street Middletown, NY 10940	When was the debt incurred?	Opened 2/2013.		
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
١	Who incurred the debt? Check one.	☐ Contingent			
I	Debtor 1 only	3			
ı	Debtor 2 only	☐ Unliquidated			
I	Debtor 1 and Debtor 2 only	☐ Disputed			
I	At least one of the debtors and another	Type of NONPRIORITY unsecured			
	☐ Check if this claim is for a community debt	☐ Student loans			
	ls the claim subject to offset?	☐ Obligations arising out of a sepa			
ı	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts		
I	Yes	Other. Specify	ommunications Account.	_	
4.10	IC System Inc	Last 4 digits of account number	9001	\$	72.00
	Priority Creditor's Name	- William	0		
	PO Box 64378 Saint Paul, MN 55164	When was the debt incurred?	Opened 10/2009.		
1	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
1	Who incurred the debt? Check one.	☐ Contingent			
I	Debtor 1 only				
I	Debtor 2 only	☐ Unliquidated			
I	Debtor 1 and Debtor 2 only	☐ Disputed			
I	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	☐ Obligations arising out of a sepanot report as priority claims	aration agreement or divorce that you did		
ı	No	Debts to pension or profit-sharing	g plans, and other similar debts		
I	☐ Yes	Other. Specify	al Account placed for collection.		
4.11	JARED	Last 4 digits of account number	5799	\$	810.00
	Priority Creditor's Name	-			

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	Heather Lynn Salisbury Paul Lorance Salisbury		Case number (if know)	
;	Customer Service Dept. 375 Ghent Road	When was the debt incurred?	Opened 7/2014.	
	Akron, OH 44333 Number Street City State Zlp Code	As of the date you file, the claim	m is: Check all that apply	
,	Who incurred the debt? Check one.	☐ Contingent		
	☐ Debtor 1 only	□ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecu	red claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	Is the claim subject to offset?	☐ Obligations arising out of a sent not report as priority claims	eparation agreement or divorce that you did	
	■ No	<u> </u>	aring plans, and other similar debts	
I	☐ Yes	■ Other. Specify Cre	dit Card; Revolving.	
1 1	Medical Financial Solutions	Last 4 digits of account number	or 0002	\$ 902.00
ļ	Priority Creditor's Name PO Box 50871 Kalamazoo, MI 49005	When was the debt incurred?	1/2015 Notice Date.	
i	Number Street City State Zlp Code	As of the date you file, the claim	m is: Check all that apply	
	Who incurred the debt? Check one. ☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecu		
	☐ Check if this claim is for a community	☐ Student loans		
	Is the claim subject to offset?	☐ Obligations arising out of a senot report as priority claims		
	■ No	Debts to pension or profit-sha	aring plans, and other similar debts	
	Yes	Other. Specify	lical Account.	
4.13	Money Recovery Nationwide	Last 4 digits of account number	er 6179	\$ 306.00
:	Priority Creditor's Name 801 S Waverly Road Ste 100	When was the debt incurred?	Opened 12/2013.	
	Lansing, MI 48917 Number Street City State Zlp Code	As of the date you file, the claim	m is: Check all that apply	
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecu	red claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	Is the claim subject to offset?	☐ Obligations arising out of a senot report as priority claims	eparation agreement or divorce that you did	
	No	☐ Debts to pension or profit-sha	aring plans, and other similar debts	
	☐ Yes	Other. Specify	ection/Medical Account.	

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Debtor 1 Debtor 2	Heather Lynn Salisbury Paul Lorance Salisbury		Case number (if know)	
4.14	Omni Community Credit Union	Last 4 digits of account number	8646	\$ 12,897.00
	Priority Creditor's Name PO Box 1537	When was the debt incurred?	Opened 6/2012.	
-	Battle Creek, MI 49016 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one. ☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	Is the claim subject to offset?	☐ Obligations arising out of a sepa not report as priority claims	ration agreement or divorce that you did	
	No			
	Yes	nstallment Loan; sessed/balance due.		
4.15	Omni Community Credit Union	Last 4 digits of account number	8646	\$ 2,850.00
	Priority Creditor's Name 3141 Capital Avenue SW Battle Creek, MI 49015	When was the debt incurred?	Opened 5/2012	
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one. ☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	Obligations arising out of a sepa not report as priority claims	ration agreement or divorce that you did	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit	Card; Revolving.	
4.16	Omni Community Credit Union	Last 4 digits of account number	0001	\$ 499.00
	Priority Creditor's Name PO Box 1537 Pattle Creek MI 49016	When was the debt incurred?	Opened 12/2011	
	Battle Creek, MI 49016 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	

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	Heather Lynn Salisbury Paul Lorance Salisbury		Case number (if know)				
,	Who incurred the debt? Check one.	☐ Contingent					
	☐ Debtor 1 only	— Containgent					
	Debtor 2 only	☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community	☐ Student loans					
	debt	_					
	Is the claim subject to offset?	□ Obligations arising out of a sepa not report as priority claims	ration agreement or divorce that you did				
	■ No	\square Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	■ Other. Specify Credit	Card; Revolving.				
4.17	Patient Account Services	Last 4 digits of account number	8791	\$	208.00		
	Priority Creditor's Name		Disconting Collection				
	5100 W Copans Rd Ste 500 Pompano Beach, FL 33063	When was the debt incurred? Placed for Collection 10/2014.					
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
,	Who incurred the debt? Check one.	☐ Contingent					
	Debtor 1 only						
	Debtor 2 only						
	☐ Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community	☐ Student loans					
	debt						
	Is the claim subject to offset?	☐ Obligations arising out of a sepanot report as priority claims					
	■ No	\square Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Collect	ction/Medical Account.				
4.18	Phoenix Financial Services LLC	Last 4 digits of account number	4807	\$	208.47		
	Priority Creditor's Name PO Box 361450	When was the debt incurred?	2014				
	Indianapolis, IN 46236	A control of the state of the s					
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.	☐ Contingent					
	Debtor 1 only						
	☐ Debtor 2 only	☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt	☐ Student loans					
	Is the claim subject to offset?	☐ Obligations arising out of a sepanot report as priority claims					
	No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	■ Other. Specify Medic					
4.19	PRPMG Inc.	Last 4 digits of account number	2240	\$	948.00		
	Priority Creditor's Name 5248 Olde Towne Road Williamsburg, VA 23188	When was the debt incurred?	Opened 6/2014.	·			
_	<u> </u>						

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	r 1 Heather Lynn Salisbury r 2 Paul Lorance Salisbury		Case number (if know)		
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent			
	Debtor 1 only	<u> </u>			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured			
	Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa	ration agreement or divorce that you did		
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts		
	Yes	Other. Specify Instal	lment Account.		
4.20	S. Michigan Regional Ambulance	Last 4 digits of account number	40GC	\$	1,091.00
	Priority Creditor's Name	Last 4 digits of account number		Φ	1,001.00
	C/O 3000 Towne Ctr. Ste 2390 Southfield, MI 48075	When was the debt incurred?	12/302/104 Writ for Garnishment.		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	☐ Contingent			
	☐ Debtor 1 only	<u> </u>			
	☐ Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured			
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	☐ Obligations arising out of a sepa	ration agreement or divorce that you did		
	■ No	☐ Debts to pension or profit-sharin			
	Yes	Other. Specify	ction Account.		
4.21	SmartPay	Last 4 digits of account number	3237	\$	477.00
	Priority Creditor's Name Sturgis-Sturgis Plaza 863 S Centerville Road	When was the debt incurred?	11/2014 Lease Start Date.		
	Sturgis, MI 49091 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent			
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa			
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts		
	Yes	Other. Specify	ne LEase.		
4 22	Ctate of Michigan		0000		4.454.00
4.22	State of Michigan	Last 4 digits of account number	0000	\$	1,154.00

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	Paul Lorance Salisbury	Case number (if know)		
	Priority Creditor's Name 3024 W. Grand Blvd. Detroit, MI 48202	When was the debt incurred	d?	1/2015 Notice Date.
_	Number Street City State Zlp Code	As of the date you file, the o	claim is	s: Check all that apply
	Who incurred the debt? Check one. □ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	□ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unse	ecured	claim:
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	laim subject to offset? □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	☐ Debts to pension or profit-	-sharin	g plans, and other similar debts
	Yes	Other. Specify	Inem	ployment Overpayment.
Part 3:	List Others to Be Notified About a De	ebt That You Already Listed		
5. Use thi trying t more tl	s page only if you have others to be notified a	about your bankruptcy, for a deb eone else, list the original credit listed in Parts 1 or 2, list the add	t that y	rou already listed in Parts 1 or 2. For example, if a collection agency is larts 1 or 2, then list the collection agency here. Similarly, if you have I creditors here. If you do not have additional persons to be notified for
	Address			art2 did you list the original creditor?
	Systems ncewood Road	Line 4.4 of (Check one):		☐ Part 1: Creditors with Priority Unsecured Claims
	bia, SC 29210			■ Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account	t num	ber 0002
Attorn	Address ey Paul M. Ingbar	On which entry in Part of Line 4.20 of (Check one)		Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims
	own Center Ste 2390 ield, MI 48075			■ Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account	t num	ber
Borges	Address ss Health Gull Road	On which entry in Part 1. Line 4.12 of (Check one)	:	Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
Kalam	azoo, MI 49048	Look A dimito of account		·
		Last 4 digits of account	num	ber
Charte 12045	Address or Communications Powerscourt Dr.	On which entry in Part 1. Line 4.3 of (Check one):		Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Saint L	Louis, MO 63131	Last 4 digits of account	t num	ber
LVNV I	Address Funding LLC x 10497 ville, SC 29603	Line 4.6 of (Check one):		Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account	t num	ber
State o	Address of Michigan	On which entry in Part of Line 4.22 of (Check one)		Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims
3024 V	ing and Reg Affairs V Grand Blvd. :, MI 48202			■ Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account	num	ber
	Address er & Stenger	On which entry in Part of Line 4.6 of (Check one):		Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims

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Debtor 1 Heather Lynn Salisbury Paul Lorance Salisbury		Case number (if know)
2618 East Paris Ave. SE Grand Rapids, MI 49546		■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account nun	nber
Name Address Sturgis Emergency Physicians 916 Myrtle St Sturgis, MI 49091	On which entry in Part 1 or I Line 4.18 of (Check one): Last 4 digits of account num	Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims nber
Name Address Sturgis Medical Group 1717 E Chicago Road Ste 2 Sturgis, MI 49091		Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
Name Address Sturgis Medical Group 1717 E Chicago Road Ste 2 Sturgis, MI 49091	On which entry in Part 1 or I Line 4.17 of (Check one): Last 4 digits of account num	Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims nber
Name Address Tadd Heft, D.O.	On which entry in Part 1 or I Line 4.7 of (Check one):	Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims nber
Name Address Unemployment Insurance Agnecy Dept # 771760 PO Box 77000 Detroit, MI 48277	On which entry in Part 1 or I Line 4.22 of (Check one):	Part2 did you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims nber
Name Address United States Attorney's Offic 330 Ionia Ave. NW Ste. 501 Grand Rapids, MI 49503	On which entry in Part 1 or I Line 4.8 of (Check one): Last 4 digits of account num	Part2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims nber

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total claim	
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$	0.00
				Total Claim	
	6f.	Student loans	6f.	\$	9,184.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	24,522.93
	6j.	Total. Add lines 6f through 6i.	6j.	\$	33,706.93

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Fill in this infor					
Debtor 1					
	First Name	Middle Name	Last Name		
Debtor 2	Paul Lorance Sal	isbury			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT O	OF MICHIGAN		
Case number (if known)				_	if this is an

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

F	Person or	company with Name, Number	whom you have th Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
.1			·		
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.3	,				
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.4	-				
	Name				
	Number	Street			_
	City		State	ZIP Code	
.5					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	

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F20 2m 40-2					
Fill in this	s information to identif	y your case:			
Debtor 1	Heather Ly	nn Salisbury Middle Name	Last Name		
Debtor 2		ce Salisbury	Edot Namo		
(Spouse if, fil		Middle Name	Last Name		
United Sta	ates Bankruptcy Court fo	or the: WESTERN DISTRIC	T OF MICHIGAN		
Case num	nber				
(if known)					☐ Check if this is an
					amended filing
Officia	al Form 106H				
		Cadabtara			
Sched	dule H: Your	Codebtors			12/15
your name	e and case number (if I	known). Answer every questions? (If you are filing a joint cas	on.		of any Additional Pages, write
■ No					
■ No					
		ave you lived in a community uisiana, Nevada, New Mexico,			states and territories include
7 (1120)	na, camorna, raano, co	aioiana, movada, movi moxico,	dono moo, roxao, rrao.	inigion, and vricconomi,	
■ No	o. Go to line 3.				
☐ Ye	s. Did your spouse, form	ner spouse, or legal equivalent	live with you at the time?		
in line Form	e 2 again as a codebto	r only if that person is a guar	antor or cosigner. Make	sure you have listed the	with you. List the person showr e creditor on Schedule D (Officia Schedule E/F, or Schedule G to
	Column 1: Your codeb Name, Number, Street, City, Sta			Column 2: The cred Check all schedules	itor to whom you owe the debt that apply:
24				Cohestula D. P.	
3.1	Name				
				☐ Schedule G, line	
	Number Street			<u> </u>	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
0.2	Name			Schedule E/F, lin	 ne
				☐ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		

Fill in this informa	tion to identify your case:	
Debtor 1	Heather Lynn Salisbury	
Debtor 2 Paul Lorance Salisbury Spouse, if filing)		
United States Bar	nkruptcy Court for the: WESTERN DISTRICT OF MICHIGAN	
Case number (If known)		Check if this is: An amended filing A supplement showing postpetition chapter
Official Fo	orm 106l I: Your Income	13 income as of the following date: MM / DD/ YYYY 12/15

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed,

attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. ■ Employed ■ Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation **Lead Teacher Machine Operator** Include part-time, seasonal, or Employer's name **Community Action ACM Plastic Products, Inc.** self-employed work. **Employer's address** PO Box 1026 507 St. Joseph Street Occupation may include student or homemaker, if it applies. 175 Main Street **PO Box 580** Battle Creek, MI 49016 Sturgis, MI 49091 How long employed there? 9 Years 12 Years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or

For Debtor 1

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 1,993.33 \$ 2,508.13

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 1,993.33 \$ 2,508.13

Debt	tor 1 tor 2	Heather Lynn Salisbury Paul Lorance Salisbury	_	Case r	number (<i>if known</i>)			
	Con	y line 4 here	4.	For \$	Debtor 1 1,993.33		ebtor 2 or ling spouse 2.508.13	
	·				1,000.00	-	2,000.10	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	318.37	\$	483.86	
	5b.	Mandatory contributions for retirement plans	5b.	\$_ \$	0.00	\$	125.41	
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c. 5d.	\$ 	0.00 216.67	\$	0.00	
	5e.	Insurance	5e.	\$ _	0.00	\$	254.50	
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	535.04	\$	863.77	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,458.29	\$	1,644.36	
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:	8c. 8d. 8e.	\$ \$ \$ \$ \$ \$	0.00 0.00 200.00 0.00 0.00 0.00 0.00	\$ \$ \$ + \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	200.00	\$	0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	1	1,658.29 + \$_	1,64	4.36 = \$	3,302.65
11.	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00						0.00	
12.		the amount in the last column of line 10 to the amount in line 11. The rule that amount on the Summary of Schedules and Statistical Summary of Certies					12. \$	3,302.65 ed
13.	Do y	ou expect an increase or decrease within the year after you file this form	n?					income
		Yes. Explain:						

						•				
Fill	in this informa	tion to identify yo	our case:							
Deb	tor 1	Heather Lynr	n Salisbu	rv		CI	heck	if this is:		
				•] A	n amended filing		
	tor 2	Paul Lorance	Salisbu	ry					ving postpetition chapter the following date:	
(Spc	ouse, if filing)						'	3 expenses as or	the following date.	
Unit	ed States Bankru	uptcy Court for the:	WESTE	RN DISTRICT OF MICI	HIGAN		N	MM / DD / YYYY		
	e number nown)									
Of	fficial Fo	rm 106J								
So	chedule	J: Your E	Expen	ses					12/1	5
Be info nun	as complete a ormation. If m nber (if know	and accurate as ore space is ne n). Answer ever	possible. eded, atta y question	If two married people ch another sheet to th						
Par		ibe Your House	hold							_
1.	Is this a join ☐ No. Go to									
	_	s Debtor 2 live i	n a sanar	ata housahold?						
			ii a sepai	ate nousenoid:						
	■ No	_	t file Offici	al Form 106J-2, Expens	ses for Separate Hous	sehold of E	Debt	or 2.		
2.	Do you have	e dependents?	□ No							
	Do not list De and Debtor 2		■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto			Dependent's age	Does dependent live with you?	
	Do not state	the							□ No	
	dependents i				Daughter			17	Yes	
									□ No	
									☐ Yes	
									□ No	
									☐ Yes ☐ No	
									☐ Yes	
3.	expenses of	enses include f people other th d your depender	nan 🗖	No Yes					2 133	
Par	t 2: Estima	ate Your Ongoir	ng Monthi	y Expenses						
exp	imate your ex	penses as of yo	ur bankrı	ptcy filing date unless					apter 13 case to report f the form and fill in the	;
the	value of such	n assistance and		government assistanc luded it on <i>Schedule</i> i				Your expe	enses	
ווטו	ficial Form 10	···.)						. car expe		
4.		or home owners and any rent for the		ses for your residence r lot.	e. Include first mortgag	је 4.	\$		650.00	
	If not includ	led in line 4:								
	4a Paala	estato tavas				40	œ		0.00	
		estate taxes rty, homeowner's	. or renter	's insurance		4a. 4b.	\$ \$		0.00 0.00	
	•	•		pkeep expenses			\$		15.00	
		owner's associati	•			4d.	- 1		0.00	
5.	Additional n	nortgage payme	ents for yo	ur residence, such as	home equity loans	5.	\$		0.00	

	tor 1 Heather Lynn Salisbury tor 2 Paul Lorance Salisbury	Case num	ber (if known)	
6.	Utilities:			
	6a. Electricity, heat, natural gas	6a.		300.00
	6b. Water, sewer, garbage collection	6b.	·	0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	176.00
	6d. Other. Specify:	6d.		0.00
7.	Food and housekeeping supplies	7.	·	750.00
8.	Childcare and children's education costs	8.		150.00
9.	Clothing, laundry, and dry cleaning	9.	\$	150.00
10.	Personal care products and services	10.	\$	125.00
11.	Medical and dental expenses	11.	\$	175.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	450.00
13	Entertainment, clubs, recreation, newspapers, magazines, and books	13.		100.00
	Charitable contributions and religious donations	14.		20.00
	Insurance.	14.	Ψ	20.00
13.	Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	·	0.00
	15c. Vehicle insurance	15c.	·	90.00
	15d. Other insurance. Specify:	15d.		0.00
16	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00
10.	Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	·	0.00
	17b. Car payments for Vehicle 2	17b.		0.00
	17c. Other. Specify: Anticipated car payment (need second vehicle)	17c.		250.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19	Other payments you make to support others who do not live with you.		\$	0.00
10.	Specify:	19.	Ψ	0.00
20.			our Income.	
	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00
21.	Other: Specify:	21.	+\$	0.00
	· · · · · ·			
۷۷.	Calculate your monthly expenses 22a. Add lines 4 through 21.		\$	3,401.00
	· · · · · · · · · · · · · · · · · · ·		· -	3,401.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	3,401.00
23.	Calculate your monthly net income.			
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	3,302.65
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	3,401.00
	23c. Subtract your monthly expenses from your monthly income.			
	The result is your monthly net income.	23c.	\$	-98.35
24.	For example, do you expect to finish paying for your car loan within the year or do you expect your m modification to the terms of your mortgage? No.			se or decrease because of a
	Yes. Explain here:			

Fill in this info	rmation to identify your	case:		
Debtor 1	Heather Lynn Sal	isburv		
	First Name	Middle Name	Last Name	
Debtor 2	Paul Lorance Sal	isbury		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	WESTERN DISTRICT	OF MICHIGAN	
Case number				
(if known)				☐ Check if this is an
				amended filing
o E	4000			
Official For	m 106Dec			
Declarat	tion About a	ın Individual	Debtor's Schedul	es 12/15
If two married p	eople are filing togethe	r, both are equally resp	onsible for supplying correct inform	ation.
				false statement, concealing property, or to \$250,000, or imprisonment for up to 20
	18 U.S.C. §§ 152, 1341, 1		iki upicy case can result in filles up t	o \$250,000, or imprisonment for up to 20
,	33 10-, 1011,			
Sig	n Below			
Did you pa	av or agree to pay some	one who is NOT an atto	rney to help you fill out bankruptcy	forms?
,	.,		, ,	
■ No				
–	NI		Au I Bankon	with Deliving Designation Nation Designation
☐ Yes.	Name of person			otcy Petition Preparer's Notice, Declaration, Official Form 119).
			and dignature (Smolar 1 0111 1 1 3).
	alty of perjury, I declare re true and correct.	that I have read the sur	mmary and schedules filed with this	declaration and
•			Y //B 11	
	ather Lynn Salisbury er Lynn Salisbury		X /s/ Paul Lorance Sali	
	er Lynn Sallsbury ire of Debtor 1		Signature of Debtor 2	и у
Oigilate	are or Debtor 1		Oignature of Debtor 2	
Date	December 23 2015		Date December 23	2015

Fill in this in	formation to identify your	case.		
Debtor 1				
Deptor i	Heather Lynn Sal	Middle Name	Last Name	
Debtor 2	Paul Lorance Sal			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States	s Bankruptcy Court for the:	WESTERN DISTRICT OF MIC	HIGAN	
Case numbe	r			☐ Check if this is an amended filing
	Form 107 ent of Financial A	offairs for Individual	s Filing for Bankruptcy	12/1!
Be as comple information. number (if kr	ete and accurate as possib If more space is needed, a nown). Answer every quest	ole. If two married people are fil attach a separate sheet to this f	ing together, both are equally respons form. On the top of any additional page	ible for supplying correct
	your current marital status		a Boloic	
■ Mar	ried married	••		
2. During t	he last 3 years, have you li	ved anywhere other than where	e you live now?	
	. List all of the places you liv	ved in the last 3 years. Do not incl Dates Debtor 1 lived there	lude where you live now. Debtor 2 Prior Address:	Dates Debtor 2 lived there
	rginia St. s, MI 49091	From-To: January 2013 - November 2013	☐ Same as Debtor 1	☐ Same as Debtor 1 From-To:
	san St. s, Mi 49091	From-To: December 2004 - January 2013	☐ Same as Debtor 1	☐ Same as Debtor 1 From-To:
states and ter No Yes Part 2 Ex 4. Did you Fill in the	mitories include Arizona, Cali Make sure you fill out Sche Aplain the Sources of Your have any income from em total amount of income you	fornia, Idaho, Louisiana, Nevada, edule H: Your Codebtors (Official Income ployment or from operating a barreceived from all jobs and all bus	New Mexico, Puerto Rico, Texas, Washi Form 106H). Susiness during this year or the two presinesses, including part-time activities. Bether, list it only once under Debtor 1.	ington and Wisconsin.)
□ No	s. Fill in the details.			
- 100		Dobtor 1	Dobtor 2	
		Debtor 1	Debtor 2	

Official Form 107

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Debtor Debtor			n Salisbury e Salisbury		Case	e number (if known)	
				Dalifar 4		Dalifar 0	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		y 1 of curre filed for bar	nt year until nkruptcy:	■ Wages, commissions, bonuses, tips	\$29,170.37	■ Wages, commissions, bonuses, tips	\$26,571.87
				☐ Operating a business		☐ Operating a business	
		dar year: December	31, 2014)	■ Wages, commissions, bonuses, tips	\$0.00	■ Wages, commissions, bonuses, tips	\$46,343.00
				☐ Operating a business		☐ Operating a business	
		dar year be December		■ Wages, commissions, bonuses, tips	\$0.00	■ Wages, commissions, bonuses, tips	\$32,392.00
				☐ Operating a business		☐ Operating a business	
■	No Yes.	Fill in the de	etails.	Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income
				Describe below	(before deductions and exclusions)	Describe below.	(before deductions and exclusions)
		y 1 of curre filed for bar	nt year until nkruptcy:	Unemployment	\$2,940.00		
		dar year: December	31, 2014)	Unemployment	\$1,207.00		
		dar year be		Unemployment	\$5,504.00		
Part 3:	List	t Certain Pa	vments You	Made Before You Filed for	Bankruptcv		
		Debtor 1's	or Debtor 2	s debts primarily consume	r debts? umer debts. Consumer debts	s are defined in 11 U.S.C. § 10	01(8) as "incurred by an
		•	•		id you pay any creditor a tota	I of \$6,225* or more?	
		□ _{No.} □ _{Yes}	Go to line 7	•	id a total of CE 225* as mare:	n one or more neumants and	the total amount vari
			paid that cre not include	editor. Do not include paymer payments to an attorney for t	nts for domestic support oblights bankruptcy case.	n one or more payments and pations, such as child support or after the date of adjustmer	and alimony. Also, do
•	Yes.	Debtor 1 c	or Debtor 2 o	r both have primarily cons			···
		■ No.	Go to line 7		y : . y : y :	•	
		■ No. □ Yes			id a total of CEOO or more and	I the total amount you said the	at creditor. Do not
		- res	include pay			d the total amount you paid the port and alimony. Also, do not	

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	btor 1 Heather Lynn Salisbury btor 2 Paul Lorance Salisbury		Cas	e number (if	known)	
	Creditor's Name and Address	Dates of payment	Total amount paid	Amount still o		payment for
7.	Within 1 year before you filed for bankrup <i>Insiders</i> include your relatives; any general proporations of which you are an officer, directly including one for a business you operate as support and alimony.	partners; relatives of any ger actor, person in control, or ov	neral partners; partner oner of 20% or more	erships of when of their voting	nich you are a gene ng securities; and a	eral partner; any managing agent,
	NoYes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount still o		r this payment
8.	Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co No Yes. List all payments to an insider		ments or transfer a	any property	y on account of a	debt that benefited an
	Insider's Name and Address	Dates of payment	Total amount paid	Amount y	•	or this payment
Par	rt 4: Identify Legal Actions, Repossession	ons, and Foreclosures	pulu	oun c	morade ore	and s hame
9.	Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of	the case
	Southern Michigan Regional Ambulance Service v. Healther Salisbury (Case #14-1490-GC)	Debt Collection	3-B District Co 67 Centreville	urt PO Box	Pendin On app Conclu	peal
					Judgmer	nt to Plaintiff.
	Omni Community Credit Union v. Heahter Salisbury and Paul Salisbury (Case #: 15-1435-GC)	Debt Collection	3B District Cou Main Street Ce		☐ Pendin☐ On app☐ Conclu	peal
					Summon	s & Complaint.
	Omni Community Credit Union v. Paul Salisbury (Case #: 15-4182-SC)	Debt Collection	10th Judicial D 161 E. Mich	istrict Cou	Pendin ☐ On app ☐ Conclu	peal
					Judgmer	nt to Plaintiff.
10.	Within 1 year before you filed for bankrup Check all that apply and fill in the details below		erty repossessed, f	oreclosed,	garnished, attach	ed, seized, or levied?
	□ No					
	Yes. Fill in the information below. Creditor Name and Address	Describe the Property			Date	Value of the
	C. Saiter Harris and Addition	Explain what happened	i		_ 4.0	property

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	ptor 2 Paul Lorance Salisbury	Case number	(if known)	
	Creditor Name and Address	Describe the Property	Date	Value of the property
		Explain what happened		
	Omni Credit Union C/O 3000 Towne Ctr. Ste 2390 Southfield, MI 48075	2012 Dodge Avenger, 30k miles, KBB value approx. \$10,000. Sold for \$9,000 at auction.	November 30, 2014	\$10,000.00
		□ Property was repossessed.□ Property was foreclosed.□ Property was garnished.		
		☐ Property was attached, seized or levied.		
	S. Michigan Regional Ambulance C/O 3000 Towne Ctr. Ste 2390	\$941.28 Judgment 7/22/2015.	7/31/2015 Garnishment	\$941.28
	Southfield, MI 48075	☐ Property was repossessed.	Date.	
		☐ Property was foreclosed.		
		☐ Property was garnished.		
		☐ Property was attached, seized or levied.		
10	Creditor Name and Address Within 1 year before you filed for bankrup	Describe the action the creditor took	Date action was taken	Amount
12.	Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or a	tcy, was any of your property in the possession of an	assignee for the benefit	t of creditors, a
	_			
	■ No			
	□ Voc			
	☐ Yes			
Par				
Pa r 13.	List Certain Gifts and Contributions Within 2 years before you filed for bankru	ptcy, did you give any gifts with a total value of more	than \$600 per person?	
	t 5: List Certain Gifts and Contributions Within 2 years before you filed for bankru		than \$600 per person?	
	List Certain Gifts and Contributions Within 2 years before you filed for bankru	ptcy, did you give any gifts with a total value of more	than \$600 per person? Dates you gave the gifts	Value
	t5: List Certain Gifts and Contributions Within 2 years before you filed for bankru □ No ■ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600	ptcy, did you give any gifts with a total value of more	Dates you gave	Value
	List Certain Gifts and Contributions Within 2 years before you filed for bankru No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and	Describe the gifts Debtor contributes about \$5 per week at church services, and also makes a yearly contribution towards the	Dates you gave	
	List Certain Gifts and Contributions Within 2 years before you filed for bankru No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address: Potters House Church Of Sturgis 210 E. Congress St.	Describe the gifts Debtor contributes about \$5 per week at church services, and also makes a	Dates you gave the gifts	Value \$5.00
13.	Within 2 years before you filed for bankrup No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address: Potters House Church Of Sturgis 210 E. Congress St. Sturgis, MI 49091 Person's relationship to you: Within 2 years before you filed for bankrup	Describe the gifts Debtor contributes about \$5 per week at church services, and also makes a yearly contribution towards the Church's mortgage of about \$800.	Dates you gave the gifts Various	\$5.00
13.	Within 2 years before you filed for bankrup No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address: Potters House Church Of Sturgis 210 E. Congress St. Sturgis, MI 49091 Person's relationship to you:	Describe the gifts Debtor contributes about \$5 per week at church services, and also makes a yearly contribution towards the Church's mortgage of about \$800. Total over the past year approx. \$1040.	Dates you gave the gifts Various	\$5.00

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	btor 1 Heather Lynn Salisbury btor 2 Paul Lorance Salisbury		case number (if known)	
Par	rt 6: List Certain Losses			
15.	Within 1 year before you filed for bankrupto disaster, or gambling?	y or since you filed for bankruptcy, did y	ou lose anything because of the	eft, fire, other
	Yes. Fill in the details.			
	how the loss occurred Inc	scribe any insurance coverage for the local clude the amount that insurance has paid. Lending insurance claims on line 33 of Schedopperty.	ist	Value of property lost
Par	rt 7: List Certain Payments or Transfers			
16.	Within 1 year before you filed for bankruptc consulted about seeking bankruptcy or preportion preportion and attorneys, bankruptcy petition preportion.	paring a bankruptcy petition?		
	Yes. Fill in the details.			
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any proper transferred	Date payment or transfer was made	Amount of payment
	Jeffrey D. Mapes, PLC 29 Pearl St. NW, Ste. 305 Grand Rapids, MI 49503	1,535.00		\$0.00
	Cricket Debt Counseling 219 SW Stark Street Ste 200 Portland, OR 97204	36.00 for Debt Counseling.	October 2015.	\$0.00
17.	Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that you	rs or to make payments to your creditors		erty to anyone who
	Yes. Fill in the details. Person Who Was Paid Address	Description and value of any proper transferred	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankrupt transferred in the ordinary course of your b Include both outright transfers and transfers minclude gifts and transfers that you have alread No	usiness or financial affairs? ade as security (such as the granting of a s	sfer any property to anyone, oth	
	Yes. Fill in the details. Person Who Received Transfer	Description and value of	Describe any property or	Date transfer was
	Address Person's relationship to you	property transferred	payments received or debts paid in exchange	made
	Melanie Eifort	Debtors transferred a 2004 Pontiac Grand Prix to Debtor Wife's sister. The sister paid off what was owed on the vehicle; debtors did not receive any value directly. Balance on the vehilce was	Debtor Wife's sister paid the debt on the vehicle.	February 2014

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Del	btor 2	Paul Lorance Salisbury			Case nun	nber (if known)	
19.	benef	n 10 years before you filed for bankrup iciary? (These are often called asset-pro lo 'es. Fill in the details.		ny property to a	a self-settle	ed trust or similar device	of which you are a
	Name	e of trust	Description and v	value of the pro	operty tran	sferred	Date Transfer was made
Par	rt 8:	List of Certain Financial Accounts, Ins	struments, Safe Deposi	it Boxes, and S	Storage Uni	its	
20.	sold, include house	n 1 year before you filed for bankrupto moved, or transferred? le checking, savings, money market, c es, pension funds, cooperatives, assoc lo 'es. Fill in the details.	or other financial accou	ınts; certificate	s of depos	•	
			Last 4 digits of account number	Type of account or instrument Date account was closed, sold, moved, or transferred		closed, sold, moved, or	Last balance before closing o transfe
21.		u now have, or did you have within 1 y or other valuables?	year before you filed fo	r bankruptcy, a	any safe de	eposit box or other depo	sitory for securities,
	■ No □ Yes. Fill in the details.						
		e of Financial Institution ess (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?
22.	= N	you stored property in a storage unit o lo 'es. Fill in the details.	or place other than you	r home within	1 year befo	ore you filed for bankrup	tcy
		e of Storage Facility ess (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
Par	rt 9:	Identify Property You Hold or Control	for Someone Else				
23.	-	u hold or control any property that someone.	meone else owns? Incl	lude any prope	rty you boı	rrowed from, are storing	for, or hold in trust
		lo.					

Part 10: Give Details About Environmental Information

Address (Number, Street, City, State and ZIP Code)

☐ Yes. Fill in the details.

Owner's Name

Heather Lynn Salisbury

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

Describe the property

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Where is the property?

(Number, Street, City, State and ZIP

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Value

	otor 1 otor 2	Heather Lynn Salisbury Paul Lorance Salisbury		Ca	se number (if known)				
24.	Has a	ny governmental unit notified you tha	at you may be liable or potentially liable	un	der or in violation of an environm	ental law?			
	_	No							
	_	res. Fill in the details.							
		e of site ess (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	t	Environmental law, if you know it	Date of notice			
25.	Have	Have you notified any governmental unit of any release of hazardous material?							
		No Yes. Fill in the details.							
	Name	Name of site Governmental unit			Environmental law, if you	Date of notice			
		ess (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)	t	know it				
26.	Have	you been a party in any judicial or ad	ministrative proceeding under any envi	iron	mental law? Include settlements	and orders.			
		No							
	□ Y	es. Fill in the details.							
		e Title e Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case			
Pai	t 11:	Give Details About Your Business or	Connections to Any Business						
27.	Withi	n 4 vears before vou filed for bankrup	tcy, did you own a business or have ar	1V 0	f the following connections to any	/ business?			
	_	_	in a trade, profession, or other activity,	-					
	_	_	pany (LLC) or limited liability partnersh		•				
	[☐ A partner in a partnership							
		☐ An officer, director, or managing ex	recutive of a corporation						
		☐ An owner of at least 5% of the votin	ng or equity securities of a corporation						
	I	No. None of the above applies. Go to	Part 12.						
	□ Y	es. Check all that apply above and fil	I in the details below for each business	s.					
	Busi	ness Name	Describe the nature of the business		Employer Identification number Do not include Social Security				
		er, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Dates business existed	iumber of frin.			
28.		n 2 years before you filed for bankrup utions, creditors, or other parties.	tcy, did you give a financial statement	to a	nyone about your business? Inclu	ude all financial			
	I	No							
	□ Y	es. Fill in the details below.							
	Name Addr		Date Issued						

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Debtor 1	Heather Lynn Salisbury			
Debtor 2	Paul Lorance Salisbury		Cas	e number (if known)
Part 12:	Sign Below			
are true a with a ba		a false statement	, concealing property, or ol	leclare under penalty of perjury that the answers otaining money or property by fraud in connection rs, or both.
/s/ Heat	her Lynn Salisbury	/s/ Pa	ul Lorance Salisbury	
Heather	Lynn Salisbury	Paul	Lorance Salisbury	
Signatur	e of Debtor 1	Signa	ture of Debtor 2	
Date D	ecember 23, 2015	Date	December 23, 2015	
Did you a	ttach additional pages to Your State	ment of Financial	Affairs for Individuals Filinç	g for Bankruptcy (Official Form 107)?
■ No				
☐ Yes				
Did you p	ay or agree to pay someone who is r	not an attorney to	help you fill out bankruptcy	forms?
■ No				
☐ Yes. N	ame of Person . Attach the Bank	kruptcy Petition Pre	parer's Notice, Declaration, a	and Signature (Official Form 119).

Fill in this infor	mation to identify your	case:		
Debtor 1	Heather Lynn Sal	isbury		
	First Name	Middle Name	Last Name	
Debtor 2	Paul Lorance Sal	isbury		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (OF MICHIGAN	
Case number (if known)				☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the property secures a debt? as exempt on Schedule C? Creditor's ☐ Surrender the property. □ No name: ☐ Retain the property and redeem it. ☐ Yes ☐ Retain the property and enter into a Description of Reaffirmation Agreement. property ☐ Retain the property and [explain]: securing debt: Creditor's ☐ No ☐ Surrender the property. name: ☐ Retain the property and redeem it. ☐ Yes ☐ Retain the property and enter into a Description of Reaffirmation Agreement. property ☐ Retain the property and [explain]: securing debt: Creditor's ☐ No ☐ Surrender the property. name: ☐ Retain the property and redeem it. ☐ Yes ☐ Retain the property and enter into a Description of Reaffirmation Agreement. property ☐ Retain the property and [explain]: securing debt: Creditor's □ No ☐ Surrender the property.

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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B8 (Form 8) (12/08)		Page 2
name:	☐ Retain the property and redeem it.	☐ Yes
Description of	Retain the property and enter into a	
property	Reaffirmation Agreement. Retain the property and [explain]:	
securing debt:		
Dort 2: Ligt Your Unavaired Personal Pres	porty Longo	
in the information below. Do not list real esta	hat you listed in Schedule G: Executory Contracts and Unexpate leases. Unexpired leases are leases that are still in effect; perty lease if the trustee does not assume it. 11 U.S.C. § 365(the lease period has not yet ended.
Describe your unexpired personal property	leases	Will the lease be assumed?
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Lessor's name: Description of leased		□ No
Property:		☐ Yes
Lessor's name: Description of leased		□ No
Property:		☐ Yes
Lessor's name: Description of leased		□ No
Property:		☐ Yes
Lessor's name: Description of leased		□ No
Property:		☐ Yes
Lessor's name: Description of leased		□ No
Property:		☐ Yes
Lessor's name: Description of leased		□ No
Property:		☐ Yes
Part 3: Sign Below		
Under penalty of perjury, I declare that I have property that is subject to an unexpired lease	e indicated my intention about any property of my estate that e.	secures a debt and any personal
X /s/ Heather Lynn Salisbury	X /s/ Paul Lorance Salisbury	
Heather Lynn Salisbury Signature of Debtor 1	Paul Lorance Salisbury Signature of Debtor 2	
Date December 23, 2015	Date December 23, 2015	

Official Form 108

Fill i	in this information to identify your case: tor 1 Heather Lynn Salisbury			C	heck o orm 12	ne box only a 2A-1Supp:	s direc	eted in this form	and in
				_					
Debt	tor 2								
` .					■ 1. T	here is no pres	umption	n of abuse	
	ed States Bankruptcy Court for the: Western District e number	of Michig	gan		a	applies will be r	nade ur	mine if a presum	
	nown)			_	(Calculation (Of	ficial Fo	rm 122A-2).	
								ot apply now bed e but it could app	
					☐ Ch	eck if this is a	an ame	nded filing	
Off	icial Form 122A - 1								
Ch	apter 7 Statement of Your Cu	ırren	t Mor	nthly In	com	е			12/15
	s complete and accurate as possible. If two marrie								
space addit you c	e is needed, attach a separate sheet to this form. In tional pages, write your name and case number (if do not have primarily consumer debts or because sumption of Abuse Under § 707(b)(2) (Official Form	nclude to known). of qualif	he line n If you be ying mili	umber to whelieve that you tary service,	ich the ou are e	additional info	ormatic a pres	on applies. On the umption of abus	ne top of any se because
1.	What is your marital and filing status? Check one	only.							
	□ Not married. Fill out Column A, lines 2-11.	,							
	■ Married and your spouse is filing with you. Fill	out both	Columns	A and B, line	es 2-11.				
	☐ Married and your spouse is NOT filing with you								
	☐ Living in the same household and are not le	gally sep	parated.	· Fill out both C	Columns	A and B, lines	2-11.		
	Living separately or are legally separated. Fit penalty of perjury that you and your spouse are living apart for reasons that do not include evac	e legally s	separated	l under nonba	ankrupto	y law that appl	ies or th		
of in	ill in the average monthly income that you received ase. 11 U.S.C. § 101(10A). For example, if you are filing it your monthly income varied during the 6 months, add come amount more than once. For example, if both spayou have nothing to report for any line, write \$0 in the	ng on Sep If the inco pouses o	ptember ome for al	15, the 6-mor I 6 months ar	nth periond divide	d would be Ma the total by 6.	rch 1 th Fill in th	rough August 31. he result. Do not	If the amount include any
					Colum Debto			mn B or 2 or filing spouse	
	Your gross wages, salary, tips, bonuses, overtime all payroll deductions).			•	\$	1,828.02	\$	1,325.58	
	Alimony and maintenance payments. Do not include Column B is filled in.	, ,		•	\$	0.00	\$	0.00	
	All amounts from any source which are regularly of you or your dependents, including child suppo from an unmarried partner, members of your househout and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3.	ort. Includ old, your spouse o	le regular depende	contributions nts, parents,	5	0.00	\$	0.00	
5.	Net income from operating a business, profession	n, or farr		1 4					
		\$	Deb 0.00	tor 1					
	Gross receipts (before all deductions)	-\$ -	0.00						
	Ordinary and necessary operating expenses Net monthly income from a business, profession, or f	· -		Copy here -	> \$	0.00	\$	0.00	
6.	Net income from rental and other real property	- Ψ		.,	-		. —		
			Deb	tor 1					
	Gross receipts (before all deductions)	\$	0.00						

Official Form 122A-1

0.00 Copy here -> \$

0.00

-\$

7. Interest, dividends, and royalties

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

0.00

0.00

0.00

0.00

\$

\$

Heather Lynn Salisbury Debtor 1 **Paul Lorance Salisbury** Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 490.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ 0.00 \$ For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 \$ 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 1,828.02 1.815.58 3.643.60 \$ \$ each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 3,643.60 Multiply by 12 (the number of months in a year) x 12 43,723.20 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. MI Fill in the number of people in your household. 65,203.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Heather Lynn Salisbury X /s/ Paul Lorance Salisbury **Heather Lynn Salisbury** Paul Lorance Salisbury Signature of Debtor 1 Signature of Debtor 2 Date December 23, 2015 Date December 23, 2015 MM / DD / YYYY MM / DD / YYYY If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

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most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case:15-06923-swd Doc #:1 Filed: 12/23/2015 Page 57 of 61

United States Bankruptcy Court Western District of Michigan

In re	Paul Lorance Salisbury		Case No.	
		Debtor(s)	Chapter	7
	VER	IFICATION OF CREDITOR N	MATRIX	
Γhe ab	ove-named Debtors hereby verify t	that the attached list of creditors is true and con	rrect to the best	of their knowledge.
Date:	December 23, 2015	/s/ Heather Lynn Salisbury		Ç
Date.	200011301 20, 2010	Heather Lynn Salisbury		
		Signature of Debtor		
Date:	December 23, 2015	/s/ Paul Lorance Salisbury		
		Paul Lorance Salisbury		

Signature of Debtor

Heather Lynn Salisbury

867YA10D RECOVERY COMPANY PO BOX 57547 JACKSONVILLE FL 32241

ACCESS MEDICAL PO BOX 50986 KALAMAZOO MI 49005

AFFILIATED ACCEPTANCE CORP. PO BOX 79001 SUNRISE BEACH MO 65079

AFNI PO BOX 3427 BLOOMINGTON IL 61702

AMCOL SYSTEMS
111 LANCEWOOD ROAD
COLUMBIA SC 29210

ARCADIA CREDIT UNION 535 DETTLOFF DR. ARCADIA WI 54612

ARCADIA FINANCIAL LTD 13201 NORTHWEST FWY #200 HOUSTON TX 77040

ATTORNEY PAUL M. INGBAR 3000 TOWN CENTER STE 2390 SOUTHFIELD MI 48075

BENEFICIAL NAT. BANK USA 2829 WALDEN AVENUE DEPEW NY 14043

BORGESS HEALTH 1521 GULL ROAD KALAMAZOO MI 49048

CHARTER COMMUNICATIONS 12045 POWERSCOURT DR. SAINT LOUIS MO 63131 CITY OF STURGIS 130 NOTTAWA STREET STURGIS MI 49091

COMMUNITY WIDE FCU 1555 W WESTERN AVENUE SOUTH BEND IN 46619

CREDIT ONE BANK PO BOX 98872 LAS VEGAS NV 89193

EPMG OF MICHIGAN P.C. PO BOX 96115 OKLAHOMA CITY OK 73143

FEDLOAN SERVICING CREDIT PO BOX 60610 HARRISBURG PA 17106

FRONTIER COMMUNICATIONS
19 JOHN STREET
MIDDLETOWN NY 10940

IC SYSTEM INC
PO BOX 64378
SAINT PAUL MN 55164

JARED CUSTOMER SERVICE DEPT. 375 GHENT ROAD AKRON OH 44333

LVNV FUNDING LLC PO BOX 10497 GREENVILLE SC 29603

MEDICAL FINANCIAL SOLUTIONS PO BOX 50871 KALAMAZOO MI 49005

MONEY RECOVERY NATIONWIDE 801 S WAVERLY ROAD STE 100 LANSING MI 48917

OMNI COMMUNITY CREDIT UNION PO BOX 1537
BATTLE CREEK MI 49016

OMNI COMMUNITY CREDIT UNION 3141 CAPITAL AVENUE SW BATTLE CREEK MI 49015

PATIENT ACCOUNT SERVICES 5100 W COPANS RD STE 500 POMPANO BEACH FL 33063

PHOENIX FINANCIAL SERVICES LLC PO BOX 361450 INDIANAPOLIS IN 46236

PRPMG INC. 5248 OLDE TOWNE ROAD WILLIAMSBURG VA 23188

S. MICHIGAN REGIONAL AMBULANCE C/O 3000 TOWNE CTR. STE 2390 SOUTHFIELD MI 48075

SMARTPAY STURGIS-STURGIS PLAZA 863 S CENTERVILLE ROAD STURGIS MI 49091

STATE OF MICHIGAN 3024 W. GRAND BLVD. DETROIT MI 48202

STATE OF MICHIGAN LICENSING AND REG AFFAIRS 3024 W GRAND BLVD. DETROIT MI 48202

STENGER & STENGER 2618 EAST PARIS AVE. SE GRAND RAPIDS MI 49546

STURGIS EMERGENCY PHYSICIANS 916 MYRTLE ST STURGIS MI 49091 STURGIS MEDICAL GROUP 1717 E CHICAGO ROAD STE 2 STURGIS MI 49091

TADD HEFT, D.O.

UNEMPLOYMENT INSURANCE AGNECY DEPT # 771760 PO BOX 77000 DETROIT MI 48277

UNITED STATES ATTORNEY'S OFFIC 330 IONIA AVE. NW STE. 501 GRAND RAPIDS MI 49503